Diversity & Inclusion Office

Shaping our Future through Inclusion www.umassmed.edu/dio

Complain Form / Instructions

Return this form to the Equal Opportunity Officer: S1-710, DIO, University Campus or by email: jesse.edwards@umassmed.edu

FORMAL COMPLAINT FORM

1.	Name of Complainant:
2.	Department:
3.	Today's Date:
	Name of person (s) accused of the alleged occurrence:
5.	Department:
6.	Date of alleged occurrence (Write the day, date, time and location):
7.	Name of Person(s) who witnessed alleged occurrence:
8.	Please write a detailed description of the occurrence:
9.	What remedy are you seeking?